

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035289

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 1671. **FILED SEP 17 1962**a. COUNTY **Laclede**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Lebanon**Length of stay in lb  
**25 yrs.**c. CITY  
OR TOWN **Lebanon**Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **654 Clark**Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
**654 Clark**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
**John Cormell Alverson**4. DATE OF DEATH  
Month Day Year  
**Sept. 7 1962**

5. SEX

**Male**

6. COLOR OR RACE

**white**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**10-26-83**

9. AGE (last birthday)

**78**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**Retired farmer**10b. KIND OF BUSINESS OR INDUSTRY  
**Agricultural**11. BIRTHPLACE (City and state or country)  
**Hasting Mich.**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Thomas C. Alverson**

13b. MOTHER'S MAIDEN NAME

**Althea Kane**

14. NAME OF HUSBAND OR WIFE

**Maude Alverson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Mrs. Maude Alverson-Lebanon Mo**18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Emphysema**INTERVAL BETWEEN  
ONSET AND DEATH**10 yrs**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**Bronchial asthma****10 yrs**

DUE TO (c)

**Bronchiectasis****10 yrs.**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

**Nov 1949**

to

**Sept 7, 1962**

and last saw him alive on

**Sept 7, 1962**

Death occurred at

**8.30 A.m.**

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**J. H. Johnson M.D.**

22b. ADDRESS

**Lebanon Mo**

22c. DATE SIGNED

**9-8-62**23a. BURIAL, CREMATION,  
REMOVAL (Specify)**Burial**

23b. DATE

**9-9-62**

23c. NAME OF CEMETERY OR CREMATORY

**Lebanon City Cemetery Lebanon**

23d. LOCATION (City, town, or county)

**Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**Douglas Griswold Lebanon**

25. DATE RECD. BY LOCAL REG.

**9-8-1962**

26. REGISTRAR'S SIGNATURE

**Althea L. May**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59**6535****30535**

3

4 **0**5 **1**

6

7 **1**8 **2****9526X**

10

11

**12 76-0****13 1-0**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James Douglas Griswold*

Licensed Embalmer No. 5099

P. O. Address

*Lebanon Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 9-8-1962 W.S.N.